



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

July 27, 2006


FROST BROWN TODD, LLC
2200 PNC CENTER
201 E. FIFTH STREET
CINCINNATI, OH 45202
US

Dear Sir/Madam,

Your refund request for 10804922 in the amount of \$525.00 has been denied .

The fee was needed for additional claims.

Sincerely,


VINCENT STUART
Technical Center Others
703 308-9210 x119

FROST BROWN TODD LLC
CINCINNATI, OHIO
FAX COVER SHEET

Facsimile Transmission

Date and time of transmission: Wednesday, June 07, 2006 3:28:22 PM
Number of pages: 01 (Including this cover page.)

Name ATTN: Refunds
Company USPTO, Office of Finance, Deposit Account Division
Location

Fax Number 220001534915712736500
Voice Number 220001534915712726500

Name Tammi Toepfer
Fax Number
Voice Number 513-651-6176

COMMENTS

Re: Deposit Account No. 06-2226

I am writing to request a refund to our Deposit Account for charges on 4/5/06 in the amounts of \$100.00 and \$425.00 for Serial No. 10/804,922. After review of our file we see that we filed an RCE on 12/13/05 and paid \$395.00 by check and on 8/15/05 we filed an amendment and paid \$510.00 by credit card. We do not see where any other fees were due. Please refund our account or provide me with a detailed description of why we were charged. Contact me with any questions.

8 525.00

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CINCINNATI FAX NUMBER: (513) 651-6981

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LOUISVILLE (502) 581-1087

COLUMBUS (614) 464-1737

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MIDDLETOWN (513) 422-3010

NASHVILLE (615) 251-5551

NEW ALBANY (812) 948-7994

SHOULD YOU HAVE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL (513) 651-6775

ATTENTION ATTENTION ATTENTION

Method of Refund:

☐ ACH/EFT

☐ Credit Card

☒ Deposit Account # 06-2226

☐ Treasury Check

Patent/TM/App/Serial # 10,804,922

Program Area Teek Centre 3651

Date Processed 06-23-06

ATTENTION ATTENTION ATTENTION

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875 Effective December 8, 2004

Application or Docket Number

APPLICATION AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|---|--------------|
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | N/A | N/A |
| SEARCH FEE (37 CFR 1.16(k), (l), or (m)) | N/A | N/A |
| EXAMINATION FEE (37 CFR 1.16(a), (p), or (q)) | N/A | N/A |
| TOTAL CLAIMS (37 CFR 1.16(i)) | 18 minus 20 = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | 2 minus 3 = | |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | |

| RATE (\$) | FEE (\$) |
|-----------|----------|
| N/A | 150.00 |
| N/A | \$250 |
| N/A | \$100 |
| X\$ 25 = | |
| X100 = | |
| +180= | |
| TOTAL | |

| RATE (\$) | FEE (\$) |
|-----------|----------|
| N/A | 300.00 |
| N/A | \$500 |
| N/A | \$200 |
| X\$50 = | |
| X200 = | |
| +360= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total (37 CFR 1.16(i)) | 19 | 20 | = |
| Independent (37 CFR 1.16(h)) | 2 | 3 | = |
| Application Size Fee (37 CFR 1.16(s)) | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X\$ 25 = | |
| X100 = | |
| +180= | |
| TOTAL ADD'L FEE | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X\$50 = | |
| X200 = | |
| +360= | |
| TOTAL ADD'L FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total (37 CFR 1.16(i)) | 37 | 20 | = 17 |
| Independent (37 CFR 1.16(h)) | 4 | 3 | = 1 |
| Application Size Fee (37 CFR 1.16(s)) | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X\$ 25 = | |
| X100 = | |
| +180= | |
| TOTAL ADD'L FEE | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X\$50 = | |
| X200 = | |
| +360= | |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 33 | | | | | |
| TOTAL CLAIMS | 37 | | | | | |

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